GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

UNSTARRED QUESTION NO:5965
ANSWERED ON:04.05.2005
SECOND PHASE OF REPRODUCTIVE AND CHILD HEALTH CARE PROGRAMME
Adhalrao Patil Shri Shivaji

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Union Government proposes to launch second phase of the reproductive and child health care programme in the country ;

(b) if so, the details thereof ;

(c) the investment proposed to be made in the said programme;

(d) whether the Union Government has reviewed the performance of the first phase ;

(e) if so, the shortcomings noticed therein; and

(f) the steps taken by the Government to rectify these shortcomings ?

Answer

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH & FAMILY WELFARE (SMT. PANABAKA LAKSHMI)

(a) Yes, Sir.

(b) The Reproductive and Child Health Programme Phase II has been launched with effect from 01.04.2005 for the period of five years. The program intend to improve the performance of the Family Welfare Programme in reducing Maternal and Infant Morbidity and Mortality and unwanted pregnancies, leading to stabilization of Population Growth. The program has been re-oriented and revitalized to give it a pro outcome and pro poor focus. The Program is envisaged as an umbrella program by integrating all the related and interlinked stand alone schemes into a single composite program. This is to adopt a sector wide approach in family welfare sector. The program includes procurement of drugs and equipments, vaccines for routine immunization, Oral Polio Vaccine for Pulse Polio Immunisation, Information Education Communication and Behavioral Change Communication, Non-Government Organisation etc. The program is needed to adopt a decentralized process by inviting each State/Union Territory to prepare their own Programme Implementation Plan based upon a situational analysis of ground realities and requirement. The States will be further encouraged to evolve district plans with the clear objective of each district having its own plan as per schedule to be laid down by the States/Union Territories themselves. The above feature will place the onus of the planning, implementation, monitoring and evaluation more squarely on the States than even before. The program pays more attention towards result orientation by requesting States/Union Territories to prepare logical framework, which will ensure that for each program intervention there is an outcome as well as objectively verfiable indicator. The program recognizes the partnership of public and private stakeholder and accordingly involves both profit and non-profit private sector participants. This is to extend the reach and quality of the family welfare services.

(c) The financing plan/investment proposed to be made in the program is presented in the table below:

Source of Financing	Rs. in Crores.
Government of India	31,732
Donor Partners	8,268
Total	40,000

(d) Yes, Sir.

(e) The shortcoming or the lessons learnt from the implementation of Reproductive and Child Health Programme Phase-I are as follows

(i) Absence of State ownership and with no space for the district due to their limited involvement in the formulation of the program

(ii) Presence of Multiple vertical schemes

(iii) Weak managerial and technical capacities at different levels hampering program performance.

(iv) A Stand alone program without intra and inter sector convergence.

(v) Absence of private sector participation

(vi) Perceived poor quality of services at Public Health facilities causing under utilisation

(vii) Poor financial management systems, delayed fund flows and reporting of fund utilisation

(viii) Program without well defined outcome indicators leading to poor monitoring.

(ix) Almost exclusive focus on the supply side strategies

(x) A top down centrally designed program, not necessarily need based.

(f) The Government has kept the lessons learnt from the Reproductive and Child Health Programme Phase I to designing the phase II of the programme. The details of the steps are explained in Answer (b) above.